**GET** Guaranteed Education Tuition™
Buy tomorrow's college tuition today.

# AUTHORIZATION FOR AUTOMATIC PAYROLL DEDUCTION
## ♦FORM MUST BE RETURNED TO EMPLOYER♦

☐ New     ☐ Change     ☐ Inactivate     **Effective Date:** _____

*\*Please note that only your payroll office can confirm the exact effective date*

- If you have any questions when completing this form, please contact customer service by email at GETInfo@hecb.wa.gov or call GET toll free at 1-800-955-2318, Monday through Friday, 8:00 a.m. to 5:00 p.m. PST.

## 1. Employee Information

| | |
|---|---|
| Employee Name _____ | Social Security Number _____ |
| Mailing Address _____ | Home Phone Number _____ |
| City / State / ZIP _____ | Work Phone Number _____ |
| Email Address _____ | |

## 2. GET Contract Information

GET Contract Purchaser *(If different than employee information)*: _____

| Student Name | GET Contract Number (Required) | Social Security Number (Required) | Monthly Deduction Amount ($20 min. per GET Contract) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

REQUIRED—Total Authorized Monthly Payroll Deduction Amount  $ _____

- *This form replaces ALL previously submitted forms. Include desired deduction amounts for all accounts since your payroll department will cancel any prior deductions.*

## 3. Employer Information

- *Check with your employer or view our Website at www.get.wa.gov for a list of employers who currently participate in payroll deduction with GET.*

| | |
|---|---|
| Employer Name _____ | Agency / Department _____ |
| Payroll Contact _____ | Payroll Contact's Phone Number _____ |

## 4. Employee Signature—REQUIRED

- *A completed Authorization for Automatic Payroll Deduction form must be submitted to your employer to make any changes or to terminate your deduction. When your contract is paid in full, you must complete this form to inactivate your payroll deduction.*
- *This form supersedes any current GET deduction. It is the employee's responsibility to notify the GET program when a deduction will not be taken for one or more pay periods and to make alternative payment arrangements. Payments not received by month-end may result in the assessment of a late payment fee.*
- *In signing this form I am requesting that payroll deduction be established or modified as indicated in Section 2 above and agree to the preceding terms.*

_____          _____
*Employee's Signature*                              *Date*

**Submit form to:**

**ORIGINAL:** Employer          **COPY:** Guaranteed Education Tuition          **COPY:** Employee
PO Box 43450, Olympia WA 98504-3450
Fax (360) 704-6200

# Checklist for Employee

❑ Did you indicate your desired effective date for the payroll deduction or change at the top of the form? Did you mark the desired action? **Note** that only your payroll office can confirm the exact effective date for your payroll deduction.

❑ If you already have an account(s), did you put your GET account number(s) on the form? If your GET account is not already established, you must first open a GET account. Please contact Customer Service for enrollment dates and forms, or go online to www.get.wa.gov.

❑ Does your employer participate in GET payroll deductions? If you are unsure, ask your payroll provider or visit our website for a current list of participating employers.

❑ Did you list your company's name and Payroll/Benefit office telephone number in Section 3?

❑ Are your monthly deductions in Section 2 for a minimum of $20 for each GET account? Did you use whole numbers?

❑ Does your deduction cover your monthly payment amount? If you are unsure of this amount, please *see chart* or call Customer Service to receive this information.

❑ Did you write the total of your monthly deductions in the Authorized Monthly Payroll Deduction Amount box in Section 2.

❑ Does your signature match the name entered in Section 1?

❑ Did you complete **ALL** sections of this form?

❑ Submit original to your employer.

❑ Submit a copy to GET:
GET Program-Payroll Deduction
PO Box 43450
Olympia, WA 98504-4350
Fax (360) 704-6200

❑ Retain a copy for your records.

If you have any questions about this form or need help filling it out, please call Customer Service at 1-800-955-2318, Monday through Friday, 8:00 am to 5:00 pm PST